

2255

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Maricopa</u>				BUREAU OF VITAL STATISTICS		State Index No. <u>271</u>	
District of <u>Mesa, # 3</u>				ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>3217</u>	
Town of <u>Mesa</u>						Local Registrar's No. <u>457</u>	
or				(No. .... St; .... Ward)			
City of .....							
FULL NAME OF CHILD <u>Ruth Rosalie Taylor.</u>				Born } YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive } <input checked="" type="checkbox"/>			
Sex of Child	Female	Twin, Triplet or other	I	and	Number in order of birth #	Legitimate? Yes	Date of Birth <u>Oct .22--</u> 191 <u>6</u> . (Month) (Day) (Yr.)
Full Name <u>FATHER</u> <u>Hyrum H. Taylor</u>				Full Name <u>MOTHER</u> <u>Elizabeth J. Bird</u>			
Residence <u>2 mi. East of Mesa</u>				Residence <u>With husband</u>			
Color or Race <u>White</u>		Age at last Birthday <u>46</u> (Years)		Color or Race <u>White</u>		Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Utah</u>				Birthplace <u>Nevada</u>			
Occupation <u>Farmer</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>13</u>		Number of children, of this mother, now living <u>10</u>		Were precautions taken against Ophthalmia neonatorum? <u>No</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct. 22, 1916</u> , at <u>12:13</u> A.M.							
{ *When there is no attending physician or midwife, then the householder should make this return.				(Signature) <u>Sarah Vance</u> (Attending physician, midwife, householder. *)			
Given or christian name added from a supplemental report ..... 191.....				Address <u>Mesa, Ariz.</u>			
<u>939-1022-524</u>				Filed <u>3/8/1917</u>			
COUNTY REGISTRAR.				A True Copy Filed <u>3-13-1917</u> COUNTY REGISTRAR.			